UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR **PATENT** FEE REFUND	
1 Date of Request: _6/29/05_	2 Serial/Patent # _10/521157?_

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
X Filing			$ 100.00
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

(One)	7 TOTAL AMOUNT OF REFUND	$ 100.00

	8 TO BE REFUNDED BY:	

10 REASON:		Treasury Check
X Overpayment		Credit Deposit A/C #:
Duplicate Payment	9	1 5 -- 0 4 6 1
No Fee Due (Explanation):		

11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: _Darrell Coffman_	TITLE: _Paralegal_
SIGNATURE: _Darrell Coffman_	PHONE: _703-308-9190 x 207_
OFFICE: _____	

****
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577
(01/90)